

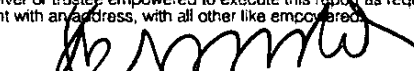


**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

**h b u c c u c l**

<b>DOCUMENT # P03000027267</b>		05-02-2005 90440 039 ***150.00	
1. Entity Name <b>BRUNNER SECURITIES USA, INC.</b>			
Principal Place of Business <del>150 ALHAMBRA CIRCLE STE 1270</del> <del>CORAL GABLES, FL 33134</del> <b>2121 SW 3RD AVENUE, STE. 100</b> <b>Miami - FL 33129</b>		Mailing Address <del>150 ALHAMBRA CIRCLE STE 1270</del> <del>CORAL GABLES, FL 33134</del> <b>2121 SW 3RD AVENUE, STE 100</b> <b>Miami - FL 33129</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05242005		Chg-P	CR2E034 (10/03)
4. FEI Number <b>87-0712592</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EVANS, LAWRENCE S ESQ <del>150 ALHAMBRA CIRCLE STE 1270</del> <del>CORAL GABLES, FL 33134</del> <b>2121 SW 3RD AVENUE</b> <b>SUITE 100</b> <b>MIAMI - FL 33129</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: <b>6/2/05</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<del>FILE NOW!!! FEB 13 0536:00</del> <del>Due by September 7, 2005</del>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D NETTO, FRANCISCO M <del>150 ALHAMBRA CIRCLE STE 1270</del> <del>CORAL GABLES, FL 33134</del> <b>2121 SW 3RD</b> <b>AVE. STE. 100</b> <b>MIAMI - FL 33129</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		6-2-05 305-285-5550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	